



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E379511**

INTERSTATE <input type="checkbox"/>	CITY STREET <input checked="" type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

CASE #	14-02994
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LOCAL AGENCY CODING	
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TOTAL # OF UNITS	02	OBJECT STRUCK	
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TRIBAL RESERVATION	
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DATE OF COLLISION	11	30	2014	TIME (2400)	2130	COUNTY #	31	MILES	0664	CITY #	0664
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ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>	BLOCK NO. <input checked="" type="checkbox"/>	11500
34TH STREET NE	MILE POST	

DISTANCE	100	00	MILES	<input checked="" type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> S <input checked="" type="checkbox"/> W	OF (REFERENCE OR CROSS STREET)	DOE WAY
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UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	CALHOUN	FIRST NAME	STANLEY	MIDDLE INITIAL	R
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STREET NEW ADDRESS <input checked="" type="checkbox"/>	11705 34TH STREET NE
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CITY	LAKE STEVENS	ST	WA	ZIP	98258
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	CALHOSR253K2	STATE	WA	SEX	M	D.O.B.	05	22	1975
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	9	EJECT	1	HELMET USE	1	NATURE OF INJURIES
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LICENSE PLATE #	AQN7170	STATE	WA	VIN#	1N4AL11D66N316040
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2006	MAKE	NISS	MODEL	ALT4D	STYLE	4D	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT <input type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE	
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LAST NAME	UNKNOWN	FIRST NAME		MIDDLE INITIAL	
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STREET NEW ADDRESS <input type="checkbox"/>	
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CITY		ST		ZIP	
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #		STATE		SEX	U	D.O.B.			
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	9	RESTR.	9	EJECT	9	HELMET USE	9	INJURY CLASS	0	NATURE OF INJURIES
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LICENSE PLATE #	B80775H	STATE	WA	VIN#	1FTYR14E91TA92553
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TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2001	MAKE	FORD	MODEL	R10PU	STYLE	PC	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO. ADAM FORTNEY 11517 34TH ST NE LAKE STEVENS WA 98258

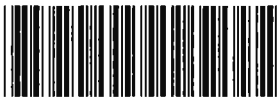
LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	R. RUTHERFORD	BADGE OR ID #	130	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E379511**

CASE #

14-02994

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NAME
(LAST, FIRST, MIDDLE INITIAL)

ADDRESS & PHONE #

SEX

D.O.B.
MMDDYYYY

PASSENGER ☐

WITNESS ☐

UNIT #

SEAT
POS.

AIRBAG

RESTR.

EJECT

HELMET
USE

INJURY
CLASS

NATURE OF INJURIES

NARRATIVE

On 11/30/2014 at approximately 2130 hours I responded to a two vehicle collision in the 11500blk of 34th Street N.E. The driver of vehicle 1 was travelling East on 34th and lost control of his vehicle in cold and icy road conditions. The roadway is a downhill grade with a slight curve to the roadway to the right. The driver of veh 1 skidded and collided with the front of legally parked and unoccupied veh 2. The driver of vehicle 1 did not have proof of insurance on scene. A follow-up request for insurance revealed that the veh 1 driver had let his insurance lapse November 02, 2014. There were no reported injuries

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

R. RUTHERFORD

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

12-01-14 11:30 PM

DATED

PLACE SIGNED

APPROVED BY

ROBERT MINER 095

DATE

12/2/2014 1:51:38 AM

BADGE OR ID #

130

ORI #

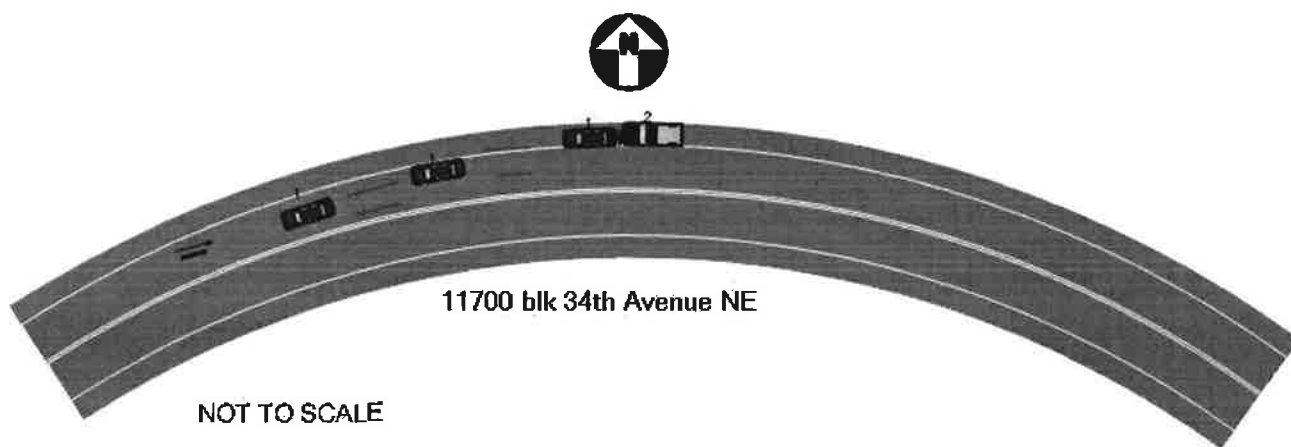
WA0311900

TIME POLICE DISPATCHED

9:35 PM

TIME POLICE ARRIVED

9:45 PM



LAKE STEVENS POLICE EVIDENCE UNIT			Primary Officer/Badge Number <i>1007HERZIG 158</i>			Case Number <i>14-02994</i>		
Type of Crime: Felony / Misdemeanor (Circle)			Type of Case: <i>COLLISION</i>			Date/Time: <i>10/01/14</i>		
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING			*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification					

Item # Action #	Item <i>CD</i>	Brand Name <i>Compressor</i>			Storage Location	Disposition
	Brand/Model/Caliber <i>(Further Description)</i>					
	Serial #	Where Found	Weight of Narcotic			

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Item # Action #	Item	Brand Name			Storage Location	Disposition
	Brand/Model/Caliber <i>(Further Description)</i>					
	Serial #	Where Found	Weight of Narcotic			

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

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	Brand/Model/Caliber <i>(Further Description)</i>					
	Serial #	Where Found	Weight of Narcotic			

Owner's Name					Address		City	State	Zip	Phone #	Barcode goes here
Owner Signature/Other remarks /additional information/ special instructions											

Evidence Control Use Only:

Received by Evidence:	NCIC/WACIC <input checked="" type="checkbox"/>	Date:	CAD/RMS Checked	ROUTING:
Name: _____ # _____	NCIC/WACIC +	Date:	Owner Letter Sent:	White: Property Room
Date: _____ Time: _____	NCIC/WACIC -	Date:	Owner Letter Sent:	Yellow: Case File







Incident History for: #SS14023837

Case Numbers: \$SS14002994

Entered 11/30/14 21:35:08 BY SPCT05 SP0390

Dispatched 11/30/14 21:35:30 BY SPDP17 ROGER

Enroute 11/30/14 21:35:30

Onscene 11/30/14 21:45:53

Closed 11/30/14 22:09:36

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS001 Fire BLK: AG1720 Map Page: 377H-4 Group: SS1 Beat: NORT

Src: T

Loc: 11517 34 ST NE , LKS btwn 113 AV NE & DOE WY (V)

Loc Info:

Name: BROTEN JILL

Addr:

Phone: 4257377829

/2135 (SP0390) ENTRY , CC, 5 AGO RED PC VS. BLK FORD RANGER

/2135 (ROGER) DISPER 19N2 #SS130 RUTHERFORD, OFCR (RICH)

/2135 (SP0390) SUPP PHO: 4257377829,
TXT: NON INJ, NON BLKING

/2145 (SS130) *ONSCNE 19N2

/2200 (ROGER) ASNCAS 19N2 \$SS14002994

/2209 CLEAR 19N2 D/H

/2209 CLOSE 19N2